

## MaineCare Temporary Filling Information & Referral Form

Date:

Dear \_\_\_\_\_,

Today I will be giving you one or more temporary fillings.

It is very important that you understand that ***this is not a permanent fix to the dental problem that you have. You need to go to a dentist for the proper care.*** If you do not see a dentist, your condition could get much worse.

Dr. \_\_\_\_\_ is a dentist who has agreed to follow-up with you on your temporary filling(s) within 60 days.

You may also choose to see a dentist other than Dr. \_\_\_\_\_.

Dr. \_\_\_\_\_'s phone number and address are: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you,

\_\_\_\_\_  
Independent Dental Hygienist

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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My signature below means I have read and understand this notice.

\_\_\_\_\_  
Member or parent /guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date